

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff
-VS-**Order for Supplementary
Mental Examination
(Not Guilty by Reason of
Mental Disease or Defect)**_____, Defendant
Name

Case No. _____

Date of Birth _____

Defendant's:

Telephone Number

Address

Present Location

THE COURT FINDS:

1. The defendant was committed to the Department of Health Services (DHS) on (date) _____.
A copy of the Order of Commitment is attached.
2. The court lacks sufficient information to determine whether the commitment should be for institutional care or conditional release.

THE COURT ORDERS:

1. A supplementary mental examination be conducted by:

☐ a. Department of Health Services.

The sheriff shall:

- Arrange for transportation of the defendant to the examining facility within 48 hours after notification.
- Return the defendant to the jail within 48 hours, after receiving notice from the examining facility that the examination has been completed.

OR☐ b. Other examiner: _____

- The defendant shall:

☐ Be examined on (date) _____, at (time) _____
at (location) _____.
OR
☐ Schedule an appointment with the examiner within 24 hours of the date of this order.

- The clerk to attach a copy of the commitment order with its attachments.
 - The cost of the examination be paid by: _____
2. All the defendant's treatment records requested by the investigator be released to the investigator.
 3. The examination be completed and a report filed within 15 days from the date of this order.
 4. A hearing be held on (date) _____ at (time) _____.

Additional information or concerns, if any:

BY THE COURT:_____
Circuit Court Judge/Clerk of Court_____
Name Printed or Typed_____
Date**Distribution:**

1. Court – Original
2. District Attorney
3. Defendant/counsel
4. Department of Health Services or examiners